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THE PHILOSOPHICAL APPROACH

Lord Horder, talking to the Abernethian Society, warned us that we would find medicine to be a jealous mistress and that her prerogative over us would increase as we became progressively steeped in her affections. This statement should have shattered the dream, so prevalent among students, that after the successful termination of their student days, they could look forward to a long vista of fireside evenings during which time they could turn their attention to those parts of their education which their studies had forced into abeyance. With this tempting vision dangling like a succulent carrot in front of their pale and furrowed brows, these unfortunates are content to read and re-read nothing but the vast tomes of medical literature, which no sooner read and put aside are almost completely forgotten. As a result they lose their health and become prematurely old, and they lose their sense of proportion and become social menaces. Yet let it not be thought that we are against the reading of any medical textbook. We are not, for much as we wish it, we cannot advocate their complete renunciation in the face of their obvious advantage. Our point of insistence is that the student should maintain his general education hand in hand with his medical studies.

Immediately we visualise the anæmic overworked rising to a man and chanting in unison such axioms as "time and tide wait for no man"; "Hamlet is not in the M.B. syllabus"; "God may be in His heaven, but the devil has a very firm hold on Queen's Square." Agreed the time is short—far too short—but provided one maintains a certain standard of fitness, it is amazing how little sleep is compatible with life in the young. Even so, every student is faced with the immediate problem of how to master the vast tracts of medical knowledge and at the same time have adequate time for

games, concerts, literature and other social activities which for want of a better word we lump together under the heading of general education.

Our solution is that we should train ourselves to think creatively and not just stuff our brain with a mass of facts. Many of us think that the reading of a book absolves us from thinking about the substance of it even as many "educated" young women think that a regular attendance at concerts and plays absolves them from thinking altogether. Unless we understand what we read we will not remember it for any length of time and to understand it we must think. Again in order to appreciate any literature, any music or any play we must give it thought. When confronted with a patient with various signs and symptoms, the important quality is the ability to think, to sift and to judge, not the ability to remember the classical picture. The optimum condition is to possess a good framework of knowledge, to have the necessary books ready at hand for reference and above all to be able to think logically. The brain, like our muscles, improves with exercise. Therefore we must exercise it continually by thinking about every action and every circumstance and every person we meet. Given this exercise the brain will repay us a hundredfold and we will have time to become properly educated and to do our work.

Unfortunately there is a large fly in the ointment. In order to be able to develop this universal panacea—the ability to think—we assume the presence of a brain. In the medical student this would be a very dangerous assumption so perhaps it would be as well to stop arguing and to get on with the books.

Sir Girling Ball gave the Bradshaw Lecture at the Royal College of Surgeons on Thursday, February 8th. The title was "End-Results of Treatment of Growths of the Bladder."

REFRIGERATION

By C. LANGTON HEWER

This article is not, as might be supposed, a disquisition on the methods of converting New Zealand mutton into home-killed lamb, but is concerned with a few of the effects of cold upon the human body.

From the beginnings of Medicine it has been known that frozen tissues are insensitive and that incisions can be made into frost-bitten ears, fingers and toes without pain. The reason for this is that the conduction of impulses along a nerve trunk fails below a certain critical temperature. In warm-blooded animals this temperature is from $+25^{\circ}\text{C.}$ to $+30^{\circ}\text{C.}$

This fact was turned to account in pre-anæsthetic days and one hundred years ago surgeons occasionally amputated limbs which had previously been frozen. The classical protagonist of this method was Baron Larrey, Napoleon's famous military surgeon during the French retreat from Moscow in 1812. It is said that this ingenious officer had holes of various sizes cut in the sides of his hospital tents through which, in the evenings, he pushed the wounded legs and arms of soldiers who required amputation. The next morning, after having been frozen by exposure to a Russian night (often below -20°C.) the limbs were amputated painlessly. It was, of course, always possible that prowling wolves had performed the operation without human intervention!

The freezing of small areas of skin and underlying tissues with an ethyl chloride spray for minor incisions is occasionally practised at the present time but is unsatisfactory as the subsequent thawing of the wound may be extremely painful. An ethyl chloride spray is also used therapeutically to alleviate localized pain from such conditions as sprains, pleural friction, etc.

A modified type of refrigeration analgesia has been revived recently and now has a limited vogue for poor-risk amputations, usually for diabetic, senile or gas gangrene. The technique is simple. The gangrenous area is bandaged. Ice bags are then placed round the limb at the place selected for the tourniquet. After about an hour it will be found that this can be applied painlessly. The whole limb distal to the tourniquet is surrounded by a thick layer of cracked ice (not salt and ice) wrapped in rubber sheeting. The bed is tilted so that the melting ice runs into a pail at the foot. If a low amputation is to be performed it is less messy to flex the knee and place the leg in a pail of ice-water. The patients do not feel the cold and their

general heat-loss is negligible after the tourniquet has been tightened. A point to watch is that the ice tends to melt quickly round the posterior part of the thigh where the patient's weight rests and a nurse should be instructed to push fresh ice beneath the thigh from time to time. After about two hours, the temperature of the tissues below the tourniquet will have fallen to between $+5^{\circ}\text{C.}$ and $+15^{\circ}\text{C.}$ At these temperatures organisms cease to grow and nerve conduction ceases. The patient's eyes are bandaged and he is transferred to the theatre in his bed and is lifted on to the table, leaving the ice and rubber sheeting on the bed. The limb is then dried and the skin treated very thoroughly with a potent antiseptic such as CTAB. This is important as there is a definite risk of infection from contaminated ice if this has been purchased from an outside firm and delivered in an open lorry. Ice obtained from the domestic water supply in a refrigerator should be practically sterile. Amputation is performed in the usual way except that no hot packs are used. The tissues are not frozen but have the bright red appearance of chilled meat. Operative shock is reduced to a minimum and there should be very little after-pain in the stump. Some American anaesthetists recommend post-operative refrigeration of the stump which entirely abolishes pain, but the general feeling is that delayed healing more than offsets this advantage.

The following case-report shows the usefulness of the method. A woman aged 57 was admitted to Hill End on July 28th, 1944, under the care of Dr. Geoffrey Bourne, suffering from mitral stenosis and auricular fibrillation. On August 17th a "saddle-embolus" lodged at the bifurcation of the aorta, completely occluding the left common iliac artery and partly blocking the right. By August 21st the right leg was a better colour and was less swollen, but there were several gangrenous areas on the left leg and foot. On August 27th the patient complained of sudden pain in the left side of the chest. This was dull on percussion and the air entry was poor. There were numerous rales at both bases. For some weeks after this she coughed up muco-pus and on October 3rd a skiagram showed a fluid level on the left side. Clear yellow fluid was aspirated without difficulty. On October 30th there were still signs on both sides of the chest, but the left leg was becoming painful and I was asked to see her

with regard to the possibilities of an anaesthetic for amputation. Here was a problem of the first magnitude. The condition of the skin of the thigh precluded "transverse section" local analgesia, while spinal block was contra-indicated by the extremely poor cardiac condition. Intravenous anaesthesia was ruled out for the same reason. Of the inhalation agents, cyclopropane was probably the most suitable, but one hesitates to use a drug notorious for producing arrhythmias on a patient with auricular fibrillation. On the whole it was thought that refrigeration analgesia offered the best chance of survival. On October 31st, a mid-thigh amputation was performed by Mr. J. P. Hosford, using the technique described above. The only pain complained of by the patient was when the stump of the femoral artery was pulled down by forceps to get a good bite for the ligature. The patient was returned to bed apparently in the same condition as when she left it. The flaps healed fairly well, but some weeks later the remaining leg again became cold and pale and it was thought that a further embolus had lodged in the lower part of the right femoral artery. A large pressure sore developed on the back, the mental condition rapidly deteriorated and the patient eventually died on December 26th.

Although this was a disappointing case, it does show that refrigeration analgesia can be used successfully for amputation in the most discouraging circumstances.

Cooling is used as a therapeutic agent apart from the analgesia which it produces. When

one sees a pale and cold limb with a deficient circulation due to any cause, one's natural impulse is to warm it up, and this was the recognised treatment for many years. But what happens? The limb becomes more painful and incipient gangrene may become actual. Suppose that we do the opposite and cool the limb down still further. It improves in colour and becomes less painful. The probable explanation of this paradox is that the tissue metabolic rate is lowered so much by the fall in temperature that the impaired circulation may prove adequate for the time being. It must be remembered that refrigeration without a tourniquet cannot be continued for long without applying heat to other parts of the body or the patient's temperature will fall.

The same principles hold good for general as opposed to local heat-loss. Until recently the treatment for a pale, cold shocked patient was to heat him up as much as possible with electric cradles, hot blankets, etc. It was not realised that the fall of temperature was an effect as well as a cause of shock and that this effect was a protective one. In shock there is a deficient volume of circulating blood and the peripheral vaso-constriction is one of the body's efforts to keep up the blood-pressure and the blood supply to the vital organs. It is thus evident that heat should be applied internally (*e.g.*, by hot drinks) rather than to the surface of the body.

It is possible that these random reflections may help when trying to follow the discourse of a tedious lecturer in an unheated lecture theatre.

CASES OF MEDICO-LEGAL INTEREST—III,

By GORDON TAYLOR

The third case comes from Chalk Farm.

One summer's evening a fire was noticed in an office in a small jobbing builder's yard. The fire was soon put out but in the office, seated on a chair and slumped over a desk, was the body of a man. He and his clothing were very much burnt and it was obvious that the fire had started in the immediate neighbourhood of the chair. The natural conclusion was that the man had died suddenly from some natural catastrophe, had dropped a pipe or a cigarette and so started the conflagration.

When I came to do the post mortem I noticed that there was very severe burning of the face, hands and limbs, with much charring and splitting of the skin. Heat rigor was present with marked flexion of the wrists, arms and

legs. Down one side of the face and neck was a patch of white paint. It was suggested that the fireman had upset a pot of paint, but this was not the case. The skin under the paint was not nearly so much charred as that around it, in fact, the paint had protected the skin, so must have been there before the fire. It seemed likely that it had been poured on to help the burning.

The man's death was not due to natural causes—he had been shot through the chest. A bullet had entered the back below the left scapula, had passed through the edge of the left lung and the right ventricle of the heart, and had come out through the right chest near the nipple. It was important to decide the direction of the bullet, since if it had passed from

front to back the wound might conceivably have been self inflicted.

When a firearm is discharged close to bare skin the entrance can usually be identified by scorching or the presence of powder grains in the skin, but these signs could not be present here because of the clothing. The wound in the back was clean and round and had a small zone of discoloration by bruising around it. That, I think, is good evidence that it was the entrance. I have seen, but very seldom, clean round exit wounds, but never that sharply defined zone of bruising around them. The wound in the right chest was more of a slit than a round hole and this effect is nearly always seen in exit wounds. It is a mistake to think nowadays that the exit wound tends to be larger than the entrance. That was so in the days of soft and relatively slowly moving bullets which were easily deflected and deformed. The modern hard bullet propelled by high explosive goes through the tissues, even bone, quite easily and comes out much as it went in.

We are satisfied, then, that this man was shot in the back from an oblique direction from left to right. Could he have done this himself? I think not. Try shooting yourself in that way. You will find it well nigh if not quite impossible. Even if it were possible, suicides do not indulge in acrobatic contortions.

Three other points must be solved:—

Firstly, was the man alive when he was shot? Yes. There were more than two pints of blood in the chest. Far more than would escape from a dead and not beating heart.

Secondly, was he dead when he was burnt? Again yes. There was no trace of soot in his air passages and he must have inhaled some from a fire of this nature if he were breathing.

Thirdly, was the fire accidental or deliberately arranged? Possible accidental, but if so why the paint poured on the head? Surely a deliberate attempt to help the fire and make the place unrecognizable?

In spite of the destruction of the features, the body had been identified as that of one Samuel Furnace, the tenant of the Builder's Yard and Office. True, he had disappeared from home, but in the clothing on the body we found a bank book and in it the name "Walter Spatchett." Walter, also, had not been seen for

two days and his father identified his clothing though not his face.

Was this then Furnace in Spatchett's clothes, or was it Spatchett?

Furnace and Spatchett we found were almost exactly the same height, so that then did not help. Furnace was known to have on his right upper arm a scar with thirteen stitch marks. It happened that this part of the skin was intact and there was no scar.

Furnace had a tooth missing in the middle of his upper jaw, and sometimes wore a plate. There was no tooth missing from our body and finally Spatchett's dentist positively identified an irregularity about one of the teeth.

We were now sure that this was Spatchett's body and that he had been killed and partially burnt by someone not himself.

On the morning after the fire a note had been found in a store room next door to the office. It read thus:—

"Goodbye to all. No work, no money. Sam. S. J. Furnace."

If this was not intended to suggest the suicide of Sam, it was a strange coincidence that he should say "Goodbye" when a dead body was on his premises.

In due course Furnace was "wanted for wilful murder" and like his illustrious predecessor Dr. Crippen, created a precedent. Dr. Crippen was the first murderer to be arrested with the help of wireless. Furnace was the first murderer to be "wanted" by a B.B.C. Announcer.

He was found and arrested at Southend twelve days after the discovery of Spatchett's body. He made a statement to the effect that Spatchett was shot by accident and that being frightened he tried to burn the body. He does not seem to have tried to burn some £35 which Spatchett had on him or his wrist watch which Furnace still had. The revolver he had thrown into a canal where it was found in due course.

Furnace never came to trial because he succeeded in poisoning himself in his cell with spirits of salts.

At the inquest on Spatchett many of the gaps in this story were filled in, but I need not trouble you with them.

The verdict was one of "Wilful murder by Samuel Furnace."

The post of Assistant Editor of the JOURNAL has been filled by Mr. Hugh Cornford.

The Annual General Meeting of the Students' Union will be held in the Abernethian Room at 12 a.m. on Wednesday, March 14th.

OBITUARY

MR. A. J. STEGGALL

Old Bart.'s men will learn with regret of the sudden death of A. J. Steggall. He came to the Physiology Department from the Royal Sussex Hospital at Brighton in 1926 and has been with the Medical College ever since, having the special care of the preparation of the experimental physiology and histology classes. It is in this connection that most old students

of the hospital will remember him. His wide knowledge and experience, and the excellent help he always gave to everyone, put us all in his debt.

An extremely efficient worker, and a man of unfailing good humour and kindness, his passing leaves all of us, both teachers and students, the poorer.

THE OLDEST BRITISH HOSPITAL

By SIR D'ARCY POWER

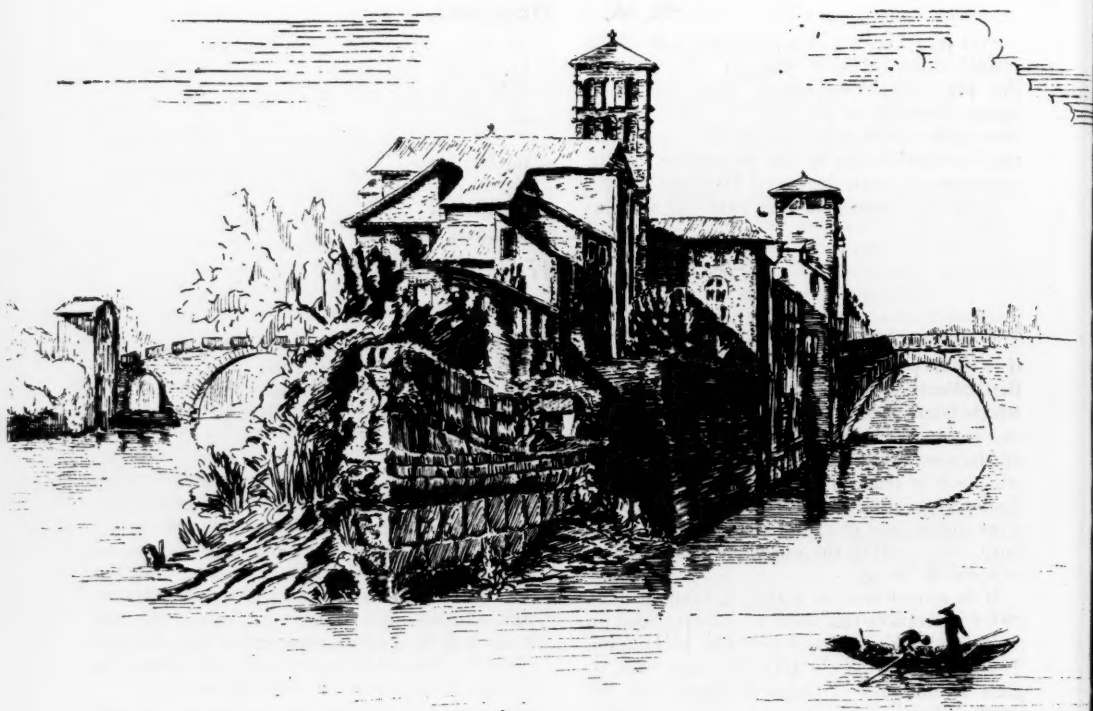
It was thought that it might be interesting if I told you something of the story of St. Bartholomew's Hospital, an institution with which I have been connected for the last fifty-two years. It is situated in the heart of London on the site where its founder placed it in 1123 and there it remains to this day, fulfilling his design of treating the sick poor who are ill of acute disease and of caring for women in childbirth. It is still in the van of medical progress in spite of its age.

If there had been no plague in Rome in B.C. 293 it is probable that there would have been no St. Bartholomew's Hospital to-day in London. The story goes that in B.C. 293 there was so great an outbreak of plague in Rome that the Sibylline books were consulted and the advice given in them was to send to Epidaurus for Aesculapius, the god of healing. An embassy was sent and the god was brought back to Rome in the form of a sacred serpent. The ship entered the Tiber and as it passed the island at Rome the serpent escaped, made a home for itself and the plague was stayed. The citizens in gratitude built a temple to Aesculapius on this island and converted the end of the island into the semblance of the prow of a ship, covering it with travertine and sculptured on it the serpent entwining a staff which is now the familiar symbol of medicine personified.

The temple in course of time was replaced by a basilica, built about the year A.D. 1000 and dedicated to St. Bartholomew because it contained some of his relics. The basilica fell into decay, was restored A.D. 1112 and became one of the sights visited by pilgrims. Six years later in 1118 the White Ship was wrecked in the English Channel and carried down with it the Aethling, son of King Henry II, and many of his young companions. The prince was beloved of all—like our own Prince of Wales—and the mourning was deep and

general. The king, his father, was said never to have smiled again and the court, which had been renowned through Europe for its brilliancy, gaiety and learning, became sombre and grief-stricken.

Amongst the courtiers was Rahere, a man of infinite jest, a good musician and a friend of all from king to scullion. He, with others, took to religion, became an Augustinian canon and went on pilgrimage to Rome. In the Eternal City he visited all the places of pilgrimage and amongst others the newly restored Church of St. Bartholomew on the Tiber Island. Shortly afterwards he was struck down by Roman fever and in his delirium he was born on high by a certain beast having four feet and two wings and he was set by it in a very high place. And when from such a height he bent down the glance of his eyes to the depths, he discovered a horrible pit to be beneath him, the terrible vision of which struck the beholder both with fear and horror for its depths baffled all human view. He, therefore, conscious in himself of his sins, thinking that he would forthwith fall into so vast a precipice shuddered and began to give forth lusty cries from his mouth and as he was thus fearful and crying aloud with fear one was beside him bearing the royal majesty in his countenance, of wonderful beauty and imperial authority and, with his look fixed upon him, spake good words saying I am Bartholomew, an Apostle of Jesus Christ, who have come to help thee in thy straits and to unlock for thee the secrets of the heavenly mystery; for thou shalt know that I by the will and command of all the High Trinity, and with the common favour and council of the Court of Heaven have chosen a spot in a suburb of London at Smithfield where, in my name thou shalt found a Church and a Hospital and there shall be the House of God, the Tabernacle of the Lamb, the Temple of the Holy Ghost. . . . Therefore let thy hands be strengthened and having faith in the Lord act manfully. Nor doubt at all with anxious mind concerning the expenses of this building; merely apply diligence, mine it shall be to provide the costs necessary for the completing the fabric of the work. . . . Of this work know that thou art the minister and I the master. Do thou employ diligent service and I will perform the office of master and patron.



At these words the vision disappeared.

Rahere on his return to England visited the site thus shewn to him—a site now so well known to us and after eight hundred years unchanged in name. Smithfield it was then; Smithfield it is now. He found it, as the name implies, a smooth field bounded on one side by a rapid stream—the Fleet river—on the other by the city wall and occupied in part by the clothmarket from which the king received dues of the merchants of Florence who there displayed their beautiful wares. The greater part of the open space was used by the citizens as a recreation ground where their children played games and rode races on the numerous public holidays. It had belonged of old to the kings of England as "no man's land" and from it there came a small rent to the king's chest. Not far away on the rising ground, which is now St. John's Street, were The Elms or place of public execution before the existence of Tyburn. A portion of this land Rahere begged for his church and his hospital and with the help of the Bishop of London and other friends

at court the request was granted. The church and hospital were built in 1123 and were dedicated the one as the Priory of St. Bartholomew, the other as the Hospital of the Holy Cross.

Eight hundred years ago: it is difficult to understand the lapse of time, but it can perhaps be realised when I tell you that there is the same interval between the Battle of Hastings in 1066 and the opening of the Hospital as between your Civil War and the present year. Some of the earliest patients, may therefore have been veterans of the Battle of Hastings, and many must have been the sons and daughters whose parents would have told them of the Norman Conquest from personal experience.

St. Thomas à Becket was five years old when the hospital was opened and as his father and mother lived within half a mile of the hospital he must often have played in Smithfield, brought there by his nurse, for we know that he had a nurse. The first patients, too, must have watched the building of the Tower of London when as yet there was only the White Tower. One of the earliest of the patients

came by water from Dunwich in Essex which has long since been submerged by the sea. He was crippled by arthritis and, being cured by massage, skilfully employed, served for many years as a carpenter at the priory.

Rahere as founder was chosen first prior of the convent and master of the hospital. He decreed that the priory and the hospital should be allied but not combined; the hospital to be cared for by eight canons of his own order and four sisters—Augustinians all. For four hundred years, with the staff increasing as the reputation of the hospital increased, the religious character of the charity was maintained with little change. Not much is known of this early period. The brethren and sisters were not trained in any way for the practice of medicine and nursing but they must have learnt much by tradition and the experience of their predecessors during those four centuries—surgery and midwifery chiefly, for it was laid down from the beginning that lying-in women were to be their especial care. Of surgical cases there was never any lack. Jousts and tournaments were frequent in front of the hospital gate. The place of public execution was within two hundred yards. A cry of "Clubs! Clubs!" would at any time bring out all the apprentices within hearing to fight amongst themselves or against their common enemy, the law students at the Temple—so that broken heads were of constant occurrence. Men fell off ladders, as they do now, breaking their arms and legs; elderly citizens were run over in the narrow streets, and burns were common for no day went by without a fire in the wooden-built and thatched houses. Both the Thames and the Fleet Rivers supplied a quota of the half drowned and wholly drenched, for the shooting of London Bridge in small boats was a well known danger avoided by the more prudent who got out above the bridge and took another boat at the landing stage below it.

The accommodation provided for the patients differed little, if at all, from that of the staff—a rug laid on the floor—for as yet there were no beds. For food such victuals as charitable citizens would give to the brethren who daily went round the markets with a begging bowl. Then, as now, the meat market was close at hand; some at least of the butchers were generous and there were many charitable women who would give a loaf or two of the bread they had just baked. The patients lay in a great hall with an altar at one end and in sight of all where mass was celebrated daily. In the centre of this hall was an open fire and in 1422 and again the following year there is a warrant from the king to the Ranger of the Great Park at Windsor

directing him to supply "one oak tree but not of the best" for the use of the fire in the great hall of St. Bartholomew's at Smithfield.

And so things went on for four hundred years, the hospital gaining in repute and acquiring money from the bequests of charitable citizens until in 1542 King Henry VIII seized the revenues, sold the priory after turning out the monks and despoiled the hospital. A few beds indeed were maintained and the hospital never actually closed its doors but its good work was seriously curtailed and it became a secular foundation. The king indeed promised an annual grant of 500 marks but the money was never paid.

The want of the hospital which had served the city for so many years soon became evident and the citizens of London petitioned the king for its re-opening. A charter was granted and in 1547 it began the second part of its long history with an entirely new constitution and under the direct control of the lord mayor and citizens. The new charter provided that the hospital should be served by duly recognised surgeons under a master or, as you would call him, a medical superintendent; the nursing being undertaken by sisters with a head nurse or matron; surgeons and sisters alike being drawn from the ordinary population and none to be professed clerics or nuns. The staff of the hospital was thus entirely secularised though a chaplain or "hospitaler" was appointed to serve in the parish church which still stands where it has always stood at the entrance to the hospital. It was his duty also to attend to the religious needs of the patients.

The changes in the fortunes of the hospital came fortunately at an auspicious time in the history of surgery in England. Towards the end of the reign of Henry VIII a generation of surgeons arose who desired urgently to see a better educated doctor. The movement appears to have been the result of the extremely bad treatment of the English sick and wounded in the expeditions against France in the middle of the sixteenth century, for it was urged by Gale, Clowes and others who had served as army surgeons. The surgeons, too, had united with the barbers in 1540 to form a United Company of Barbers and Surgeons; Thomas Vicary being elected the first master of the United Company. Vicary seems to have been a man of outstanding personality, a good organiser, an excellent administrator and one who had influence at court, where he held the important office of serjeant surgeon. The hospital procured his services as the first surgeon under the new scheme, though he seems to have acted as an adviser and administrator rather than in a sur-

gical capacity. No doubt by his advice Thomas Gale and William Clowes were elected as his colleagues. Both Gale and Clowes were skilful surgeons, educated in the wars, good teachers and excellent writers, so that the reconstituted hospital started well on the surgical side.

The hospital was less fortunate on the medical side, the need for a physician was not felt for some years and when one was at last appointed he was that Dr. Lopez, the Portuguese Jew, who was hanged, drawn and quartered in 1594 for encompassing the death of Queen Elizabeth.

The next hundred years in the history of the hospital was one of steady progress. Surgery, as under the old regime, was the more prominent side of the work; for the physician, though he usually lived within the precincts of the hospital, rarely visited the wards, but had the patients brought to him for diagnosis and treatment; his prescriptions being kept in a locked book that they might not be accessible to the surgeons. The surgeons operated but only prescribed a few simple remedies as they were completely under the thrall of the physicians and were not allowed to operate unless a physician consented and was present. On the other hand they brought with them their apprentices to watch what they did and note down what they said. The attendance of these apprentices became regularised and in course of time a room was provided with books for their instruction; a dead house under the operating theatre or "cutting room" as it was called and a museum for the more unusual specimens of morbid anatomy. In this way a medical school came into being which remained the property of the physicians and surgeons and was independent but an integral part of the Hospital until 1921, when it was granted a charter under the title of the Medical College of St. Bartholomew's Hospital.

The nurses were still called "sisters" though they were not enrolled in any religious order; they remained for life and were attached to individual wards and not to the hospital generally. Their identity was to a large extent merged in that of the ward for they were always spoken of and to as "Sister Mark, Sister Hope, Sister Magdalene," etc., according to their ward, and within my own recollection many of these good women had served for thirty or forty years and had gained an empirical knowledge of which the interne was a fool if he did not take advantage.

There was no break in the nursing tradition when Henry VIII took the revenues of the hospital into his own hands but there was a great reorganisation. In 1544 five sisters were

appointed and in 1551 the number was increased to twelve. One of the twelve was chosen to act as matron and to her was attached a "fool." Sir Norman Moore in his *History of the Hospital* rather unkindly counts the fool as a sister and thus makes the number thirteen although in reality there were but twelve. The real explanation is probably that the fool is a corruption of the *famulus* or servant. Under the new constitution the matron and sisters had duties and perquisites which have now lapsed. The matron had personal charge of all the bedding in the hospital and she was enjoined to see that the sisters did their duty in spinning and did not enter their wards after seven o'clock in the winter or nine in the summer except to attend to patients in danger of immediate death or suffering from extreme sickness. She was allowed as a perquisite to sell ale, the cellars being under her lodging, and received a shilling for the use of the pall when a patient died. The sisters on their side had to wash the patients' linen as well as to scrub the floors but they took half a crown from every patient who was operated upon and one shilling from each patient admitted into their wards.

The appointment of sister carried with it a habit or uniform just as in the pre-Reformation days when the sisters were nuns. Six yards of cloth were allowed yearly at 22/6. The cloth was at first brown but was soon changed to light blue and blue in various shades has remained the colour of the sister's uniform since 1555. The common dormitory remained until 1787 when the sisters began to sleep and live, as they still do, in a little room partitioned off from their ward. The change was probably for the better as there are several orders for the sisters' wards to be cleared of bugs by the hospital bug-catcher. The sisters appear to have been a strong and self-reliant body of women for on one occasion they made a determined attack upon a sheriff's officer and obliged him to relinquish a patient who had been captured in one of the wards. As early as 1647 women helpers had been introduced who sometimes claimed the reversion to the place of sister. A regular nursing staff was in existence in 1818 for the physicians and surgeons in that year represented to the governors that one sister and two nurses were not sufficient for a double ward. In 1821 the nurses were ordered to wear a brown uniform and in 1868 scrubbers were appointed to undertake the drudgery of scrubbing the floors and passages—a duty which had hitherto devolved on the nurses under the supervision of the sisters. In 1877 an institution was opened for the training

of nurses in connection with the hospital and from this time onwards nursing has become more and more a skilled profession under such able matrons as Miss Ethel Manson (Mrs. Bedford Fenwick), Miss Isla Stewart, Miss Macintosh and Miss Dey.

The hospital became known throughout the world in the middle of the seventeenth century owing to the fact that Dr. William Harvey, the discoverer of the circulation of the blood, was one of the physicians on the staff. At the hospital itself Harvey's name remains less as a discoverer than as an administrator for he drew up a series of rules governing the duties of the physicians and surgeons and by these rules—*mutatis mutandis*—the hospital is still governed.

The teaching of medicine and surgery by formal lectures is of long standing in England. Attendance at such lectures was enforced upon all members of the United Company of Barbers and Surgeons—apprentices and masters alike—from 1540 to 1745, and a constant endeavour was made to obtain the best teachers of the day. Little by little, however, there crept in a system of private teaching which in the end destroyed the old formal lecture and led to encroachments upon the monopoly of the United Company. Under the old system opportunities for private teaching were few though many men felt themselves able to teach, money was desirable and pupils were profitable both at once and in the more remote future. Private classes, therefore, began to be held from 1730 onwards; Cheselden and Sharpe at Guy's Hospital; Nourse and Percivall Pott at St. Bartholomew's Hospital taught at first in their own houses and to their own pupils, openly in their hospitals to any one who chose to pay for the course at a later period. William Hunter with a brilliant band of assistants, among whom was his brother John Hunter, actually opened a teaching school unattached to any hospital and made it so great a success that others soon followed his example. This necessarily led to reprisals on the part of the hospitals, and about 1790 David Pitcairn, the physician, and John Abernethy, the surgeon, organised the first regular medical school at St. Bartholomew's Hospital. A lecture theatre was built, dissecting rooms were provided and a systematic medical training was given based upon anatomy and botany. The evolution has been continuous from that time to the present and is not yet complete. Both the hospital and the school have been in a constant state of reconstruction, rebuilding and addition, no easy matter on an island site in the heart of a city where the value of the land is calculated in inches. But it has been accomplished and we

still think that our reputation both in practice and in theory compares favourably with any hospital or medical school in the world, whilst we have the tradition and *esprit de corps* bred of an ancestry of more than eight hundred years.

During the last four hundred years many interesting and important men have been connected with the hospital. Amongst those who lived in the hospital, though they did not actually serve it, were John Caius (1510-1573) who lectured for twenty years on anatomy at the Barber-Surgeons Hall in Monkwell Street and is well known as the founder of Caius College in the University of Cambridge. He was a dull and lonely man and there is an amusing picture of him dated May 21, 1559. It is written to Conrad Gesner the Swiss naturalist who was beloved of all men. The writer says:

As soon as I came to London I sought out your friend Caius to give him your letter and, as he was from home, I delivered it to his maid servant for he has no wife nor ever had one. Not a week passes in which I do not go to his house two or three times. I knock at the door; a girl answers the knock but without opening the door completely. Peeping through a crevice she asks me what I want? I say in reply "where is your master is he ever in or does he ever intend to be at home." She always denies that he is in the house. He seems to be everywhere and nowhere and is now abroad so that I do not know what to write about him. I shall certainly tell him something to his face when I do meet him.

Whilst he was living in the hospital Caius wrote his essay on the sweating sickness.

Sir Thomas Bodley (1545-1613) like Caius lived in the hospital but held no office nor was he ever a governor. He was the founder of the Bodleian Library at Oxford and both he and his wife died within the Hospital gates. She is buried in the hospital church; he at Merton College, Oxford.

Dr. Timothy Bright (1551?-1615), who was one of our early physicians in the time of Queen Elizabeth, was unsuccessful as a physician but is known everywhere as "the Father of Modern Shorthand," for he published in 1588 *Characterie, an Arte of Shorte, swifte, and secreete writing by Character*. He lived in the hospital but instead of attending to the patients as he ought to have done he spent his time in making an abridgement of Foxe's *Book of Martyrs*. He was naturally a fervent Protestant as can be gathered from these sentences under the year 1572 which end the volume:

The year following died the Cardinal Louvain (a pestilent Achitophel against the children of God) and Charles, of France the ninth, the bloodiest tyrant that ever the earth bear, the 25th of May being five and twenty years of age. His disease was such that the blood gushing out by divers parts of his body, he tossing in his bed and casting out many horrible blasphemies, lying upon pillows with

his heels upward and his head downward, voided so much blood at his mouth than in a few hours after he died.

In the light of modern knowledge this is a prejudiced way of saying Charles died of phthisis after a severe haemoptysis. The record is interesting as showing how early and widespread was the legend that the king suffered from bloody sweats, the truth in all probability being that he had occasional attacks of purpura haemorrhagica.

Dr. Thomas Doyle took the place of Dr. Timothy Bright in 1590 when the governors called upon him to resign because he neglected the patients. Dr. Doyle who was a graduate of the University of Oxford had been a spy in the government service abroad, or, more politely an intelligence officer in the Low Countries, and was known to the outside world by his contributions to the great Spanish Dictionary which Richard Percival published in 1591. He had an adventurous early life and on one occasion was taken prisoner not far from Dunkirk where he says in a letter to Lord Burleigh

We were rifled of all our goods and apparel unto our doublets and hose with daggers at our throats and brought to the common gaol. And after our being there an hour came in the under-bailiff and the sergeant-major of the town with their poignards to our breasts, stripping us stark naked, searched us again and took away such money as the mariners had left us. There we remained from Sunday until Monday having nothing said to us. Then were we severally put to our ransom and I escaped well because they found nothing in my chest but four physic and astronomy books. All letters and notes I had were drowned out of a porthole before they took the ship.

By the fortune of war a few years later Doyle was given the charge of this same governor of Dunkirk who had caused him to be stripped naked. Doyle kept him a prisoner in the hospital where we find him

complaining that he was much annoyed by divers of the poor inhabitants who hang their beddings and beastly rags before his door and by some of the sisters who empty their foul vessels under his chamber as well as by people from Smithfield who wash their filthy bucks in the close.

Dr. Doyle buried in the hospital church March 11, 1602-3, was succeeded as physician by Dr. Ralph Wilkinson (d. 1609), who gave place in turn to William Harvey (1578-1657) and upon the development of animals made his name known throughout the civilized world.

Amongst the surgeons at this time were Thomas Gale (1507-1587) and William Clowes (1540-1604). The works of Thomas Gale are dull as compared with those of William Clowes who was a master of vituperation and sarcasm. Gales says:

In the year 1562 I did see in the two Hospitals of London called St. Thomas's Hospital and St. Bartholomew's Hospital to the number of three hundred and

odd poor people that were diseased of sore legs, sore arms, feet and hands with other parts of the body, so sore infected that a hundred and twenty of them could never be recovered without loss of a leg or an arm, a foot or a hand, fingers or toes, or else their limbs crooked so that they were either maimed or else undone for ever. All these were brought to this mischief by witches, by women, by counterfeit javills that took upon them to use the art of chirurgery, not only robbing them of their money but of their limbs and perpetual health. And I, with certain other, diligently examining these poor people how they came by these grievous hurts and who were their chirurgions that looked upon them and they confessed that they were either witches which did promise by charms to make them whole or else some women which would make them whole with herbs and suchlike things or else some vagabond javill which runneth from one country to another promising to them health only to deceive them of their money.

This fault and crime of the undoing of the people were laid unto the Chirurgions, I will not say by part of those that were at that time masters [governors] of the said Hospital, but it was said that carpenters, women, weavers, cobblers and tinkers did cure more people than chirurgions. But what manner of cures they did I have told you before, such cures, that all the world may wonder at; yea, I say, such cures as maketh the Devil in Hell dance for joy to see the poor members of Jesus Christ so miserably tormented.

The writings of Clowes are equally bitter against the quacks who were so numerous in Elizabethan times. Speaking of such a one he says:

He cosened one Wilfred Joy, Citizen and Draper of London whom he did cut for a stone in the bladder but when he perceived he could find none there he took a stone out of the pocket of his hose and conveyed it into a sponge and did subtly and craftily put it into the wound he had made and he was espied and presently charged there withall. So this man was by him cosened of his money and likewise spoiled; for his pains were not by him anything at all ceased but increased and so he lived but a very small time afterwards. Moreover he promised to cure one Master Castleton, then being a scholar of Cambridge of an impediment in his eyes. He had some sight thereof when this Valentine took him in cure but within a very short time after Valentine, by his rustical dealings, put out his eyes clean and so deprived him of all his sight. And then when Master Castleton perceived that Valentine could not perform his cure but that he was by him thus spoiled he did arrest him first for his money the which he recovered again; but for his great hurt he was fain to put up with it in silence.

Clowes was a master of abuse. He calls one of his slanderers "a great bugbear, stinging gnat, venomous wasp and counterfeit crocodile. And I have been persuaded thereunto by many of my friends which well knoweth this viper, to spare this disdainful derider's name and let him smother himself in his own litter."

(To be continued.)

DOCTOR-SIR

OR

MEDICINE AS SHE IS PRACTISED

The following is an excerpt from a letter received by our correspondent. As the writer would prefer to remain anonymous certain names have been deleted, but in order fully to understand the text, it should be realised that the following account is written by an officer who has to take sick parade of the local Volunteers, all coloured gentlemen of uncertain education.

The Volunteers are partly West Indian (*i.e.*, from Africa, way back) and to a lesser extent Indian from India, and they are very childlike in many respects. Some make excellent soldiers and I seldom see them. Others never will in a hundred qualified years, and these I am getting to know quite well. These latter have a modicum of cunning, but insufficient intelligence even to weave a tangled web, despite much practice.

Viz.: Monday, 0900 hours. I enter the waiting-room, through which I must pass to the office. The parade leaps to attention in all degrees of slow motion, and there is an outburst of coughing and a few discrete moans. Some do not rise at all, but clutch an offending leg rather ostentatiously. Business commences.

"Private Quashie A?" shouts my S.B. orderly.

Silence.

"Private Quashie A?" he shouts again. A chorus of enthusiastic repetitions of this melodious phrase is taken up by the waiting mob outside, and Private Quashie A, of C Coy. who has probably been shouting for himself with the others, awakens and shuffles in.

"Take off your hat," hisses the orderly. Private Quashie, however, is obviously in the throes of speech-making and is oblivious of this error. Orderly grabs headgear from woolly pate and shoves it into Quashie's hand. This restores him to consciousness and, capless, he makes amends by saluting. Formalities over, we get down to grips.

"Sir," he says, "my belly pain me very much." Doctor puts perfunctory hand on belly and asks, routinely:

"Do you throw up?" Pte. Quashie is a bit nonplused by this, but eventually decides that emesis is a reasonable accompaniment of belly-ache, so he says.

"Yes, Doctor. I throw up plenty, Sir," and mentally notes to include vomiting in his next appearance.

"Mist. Bis. Sed," says Doctor-Sir, and sits back to await next case.

"And, Doctor-Sir, I am of the opinion that it is due to me being unable to masticate my food properly, as I have bad tooth." Dr. inserts spatula into mouth and reveals a jawful of gaping cavities, utters the word "Dentist" to the orderly and mentally congratulates a thoroughly rehearsed Quashie on that polysyllabic monster of a word. Once again he sits back, but if he thinks he is through he is soon disillusioned. Private Quashie does not go, but with a new confidence continues:

"And, Sir, I wish to report that for some time now I have been suffering from a severe pain in my chest."

"Where? Point to it."

"Here, Doctor," a black hand sweeping across the whole chest, "and here and here down to here to my feet." Pte. Quashie is warming to his work.

"How long have you had it?"

"A long time, Doctor."

"How long?" bellows goaded Doctor-Sir, "weeks, months, years?" Private Quashie regards the palm trees outside with a bovine expression and can think of no reply. There is an interval of silence, broken only by a noise like a blacksmith's forge as Quashie works his mighty lungs under the doctor's stethoscope. The doctor, too, is breathing rather heavily, but that is the only sign of any emotional feelings.

"There's nothing wrong with your chest. Duty." This last to orderly.

"And my feet pain me. I wish to be excused boots, Doctor." This breaks the camel's back. With much shouting and vain oaths, the poor Surg.-Lt. tears Pte. Quashie off a considerable strip and bids him get out quickly before somebody else's boots accelerate his departure.

"Let me see your Goddam feet," he demands as an afterthought. Quashie's feet are turned up for inspection, and there are three enormous plantar warts, the size of marbles.

A beaten man, the doctor mutters wearily, "Excused boots," and says kindly, "All right,

Quashie, we'll have these removed for you." Private Quashie shambles out, plainly dissatisfied. He has no medicine for his chest.

The story does not end there. The following Saturday Quashie appears again; with feet; cannot wear boots.

"But, Quashie," pleads the almost tearful doctor, "I took these out for you."

"My feet pain me, Doctor," says the inexorable Quashie. "I wish permission not to wear boots." The orderly is already writing "Excused boots," so Quashie hobbles painfully out with no further word from the doctor, and is last seen galloping cheerfully across the parade ground, having missed about thirty minutes duty.

REMBRANDT.

CORRESPONDENCE

WRONGED RIGHT WING

To the Editor, St. Bartholomew's Hospital Journal
Sir,

Owing to a misprint in the Hill End News in the last number of the JOURNAL I find myself branded as a Communist, which I most certainly am not. What I actually wrote was "columnist." As my initials do not altogether conceal my identity I should be glad if you would print the denial.

Yours faithfully,

H. W.C.

Abernethian Room,
Hill End Hospital.
February 10th, 1945.

OPINION

To the Editor, St. Bartholomew's Hospital Journal
Dear Sir,

Your February Editorial dealt with a much-neglected subject. The whole trend of modern thought makes us loose ourselves in life and never stand back for one moment and ask such important questions as: What is the meaning of life? What am I living for? Where do I come from? Where am I going to? A picture in "Punch" showing two women rushing for the Tube bore the caption: "My dear, don't stop to ask where it is going or we shall miss it!" Surely, our modern outlook with regard to life!

When in those rare moments of a civilised existence, one finds time for contemplation, the propaganda that has been our meat since childhood still governs our mind. Progress is the mystic word, the magic touch stone, which promises so much and gives so little. Every false hope of the past, every failure of the present, must increase our desire for the glories of the future, when the alchemy of progress shall have made all evil good. Our thoughts must be about practical issues, which shall add fuel to this dazzling blaze. The detached contemplation of the Greek philosophers was idle foolishness, history is but "bunk" and religion an opiate of the people. "Take thine ease, eat, drink and be merry" is our working rule; but are we sure that it is not costing us our souls?

This is no academic quibble, for the attitude we adopt to our patients is based on our view of the meaning and purpose of life. If we would not be as blind leading the blind, let us examine ourselves. Most men to-day are living for happiness, either their own or of the race; but the Christians claim that "The chief end of man is to glorify God,"

makes him unwilling to sacrifice all in such pursuits. For example, when faced with a hopeless prognosis a Christian is unwilling to deceive his patient, merely to increase the latter's momentary happiness. The very anguish of such a position is often required to make a man realise his own inadequacy and to turn his thoughts God-ward. The same applies to suffering, for to the Christian this is no unmitigated evil. St. Paul says, "I glory in (not 'in spite of') mine infirmities," and the writer to the Hebrews explains this a little more fully: "Now no chastening for the present seemeth to be joyous, but grievous; nevertheless afterward it yieldeth the peaceable fruit of righteousness unto them which are exercised thereby" (Heb. 12.11).

Suffering and death may be but the means to an even greater end than human happiness, that of bringing the soul into a right relationship to its Maker.

The meaning and purpose of life is one of the most vital questions we have to face.

I am,

Yours faithfully,

S. W. THOMSON.

The Abernethian Room.
February 6th, 1945.

INTERPRETATION

To the Editor, St. Bartholomew's Hospital Journal
Dear Sir,

While appreciating that your editorials are generally intended to be provocative rather than to be taken too seriously, I am much interested in the views you express about science.

Firstly, who are these wicked scientists you complain of who are "continually trying to impose their systematised ways of thinking on the doctors"? Such scientists as I have met have always appeared to be the last persons to impose anything on anybody. Doctors have sometimes engaged their aid in medical problems, but the complaint is usually the reverse—that they are too occupied with their own academic research to take much part in practical medical affairs.

There are certainly technicians as well as doctors who tend to lay down the law and over-estimate the reliability of laboratory tests; but are the scientists to be blamed for such ignorant misapplications of science?

As for Paget and the other great names in medicine, do these really stand for conservatism, or was that a friendly gibe to make them squirm a bit in their graves? Surely, in their own day these

men were for the most part revolutionaries and rebels against the accepted order of things? Their audacity horrified their contemporaries of the "old school." If they were alive and working to-day, should we expect to find them tamely accepting the orthodox views of the "old school" and refraining from soiling their aristocratic hands with laboratory work, or vigorous in using science and everything else that might further the progress of medicine? I can see no real fight between science and art in medicine, for the two are complementary and, like

the two sexes, neither can get very far without the other. There is, however, a real fight between orthodoxy and progress, which, in medicine as elsewhere, is still as keen as ever. There the scientist and the ablest exponents of the art of healing generally find themselves on the same side.

Yours sincerely,

DEREK RICHTER.

Mill Hill Emergency Hospital,
London, N.W.7.
January 15th, 1945.

BOOK REVIEWS

MANUAL OF ZOOLOGY. L. A. Borradaile, Sc.D.
Eleventh Edition. Oxford University Press.
Price 24s.

Once again this excellent manual makes its welcomed appearance. The book has been thoroughly revised and brought up to date, and parts of it have been completely re-written. Notable additions concern the maturation of gametes, nervous function, the interrelationship between excretory processes and environment the embryology of the chordata and evolution. Many more advanced "asides" have been added in small print, and there are many new illustrations. The book continues to be a first class introduction to the subject.

THE PRACTICE OF NURSING, by H. M. Gratton.
Faber, 12s. 6d. net.

There are now many books in circulation written by Nurses, but this one is outstanding in that it describes the practice of nursing in a very detailed and thorough manner.

The material is pleasantly arranged and should attract the nurse in training. It can, however, also be highly recommended to the State Registered Nurse, who may be responsible for teaching practical work to nurses.

The illustrations and photographs are very good, and definitely add value to the book.

CLINICAL PROCEDURES AND THEIR BACKGROUND, by Agnes E. Pavey. Published by Faber and Faber at 10s. 6d.

The author of this book has collected quite a large amount of valuable information and arranged it in a definite and clear manner.

The appendix with the "list of Diseases, Syndromes and symptoms known by proper names" is

an asset to the book.

The photographs are good and the many illustrations are very well done and will be appreciated by the reader.

On the whole the book is rather advanced for Student Nurses, but should prove helpful and instructive to the Senior Student Nurse or the State Registered Nurse.

FEVERS FOR NURSES, by Gerald E. Breen, M.D., Ch.B., D.P.H., D.O.M.S. Second Edition.
Published by E. & S. Livingstone, Ltd., at 5s.

This is an up-to-date text book and should prove of great value to Nurses.

The subject matter is very well arranged. The Chapters on the "Principles of Prevention" and "Drugs and their Administration" are agreeably written and should encourage the Nurse to be interested in these important branches of Fever Nursing.

The illustrations on the whole are clear and should prove helpful.

THE HISTORY OF CÆSAREAN SECTION, by J. H. Young, M.B., Ch.B., D.T.M., and H. Edin. H. K. Lewis & Co., Ltd. Price 16s.

This detailed historical study of the operation makes fascinating reading. It is based on a very extensive bibliography and constitutes an authoritative source of information on any point in relation to Cæsaean Section. The history of the controversy in this country between Cæsaeanists and their "conservative" opponents—cramotomists—is particularly interesting. The development of the operation is carefully traced from the obscurity of history to the present day.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

CAPLAN, A. (and Dunkerley, G. E.). "Traumatic Anuria in a Miner." *Lancet*, Feb. 3rd, 1945, pp. 147-148.

COOKSON, J. S. "Supervision of Mental Defectives in the Community." *Brit. Med. J.*, Jan. 20th, 1945, pp. 90-91.

EVANS, F. T. "Infection from Spinal Analgesia." *Lancet*, Jan. 27th, 1945, p. 115.

GARROD, L. P. "The Action of Penicillin on Bacteria." *Brit. Med. J.*, Jan. 27, 1945, pp. 108-110.

KERSLEY, G. D. "The Convalescent Depot Overseas." *J. Roy. Army Med. Corps.*, Jan., 1945, pp. 36-38.

LONG, D. A. (and MacGregor, A. B.). "Penicillin Pastilles in the Treatment of Acute Ulcerative Gingivo-Stomatitis." *Brit. Dental J.*, Jan. 19th, 1945, pp. 33-33.

SCOTT-BROWN, W. G. "Allergic Affections of the Nose." *Practitioner*, Feb., 1945, pp. 86-91.

STUART-HARRIS, C. H. "Obscure Pyrexia." *Practitioner*, Feb., 1945, pp. 99-104.

WOODMAN, E. M. "Malignant Disease of the Nose and Pharynx." *Practitioner*, Feb., 1945, pp. 92-98.

SURGICAL FIELD SPORTS

"Judicious local treatments, minor surgical corrections and the ferreting out of urethral and seminal vesicular foci in some cases are still consistent with good urologic practice."

Penicillin Treatment of Gonorrhœa.
U.S. Army in War Medicine. Vol. 6. No. 2.

SPORTS

SOCCKER

Up to the middle of February the 1st XI have played 15 matches, of which 10 have been won. Limitation of space has, in part, prevented a full account of each match being published in the JOURNAL, and this report is being written in lieu of a separate account for each game.

The first four matches were won, and we were undefeated until November 4th, when St. Mary's College beat us 5—3 at Chislehurst. In the opening game of the season Malvern College were defeated by 3 goals to 2 despite the facts that everyone was greatly out of training and that Malvern had scored twice before Bart.'s had got used to the idea of once again wearing football boots. London and U.C.H. were next beaten by large margins and Imperial College by a lesser one. At this stage of the season we had the regular help of several Preclinical from Cambridge, and we had hoped to continue to include them in the XI all through the season. The call of examinations, however, has been such that it has been impossible to field a fully representative team each week, and it is to be regretted that this, together with the frequent calls on our men by London University, has prevented the same team playing even two weeks running, whilst it has made the appearance of the 2nd XI most irregular.

The game against St. Mary's College has already been fully reported in an earlier issue, and this was followed by a 9—3 victory over King's College, in which after a scrappy first half Bart.'s took charge of the game and scored repeatedly. Borough Road College defeated us by 5 goals against 1 at Chislehurst in an excellent game in which they generally demonstrated with the aid of very fast forwards a sound defence, and four professionals that they were better than we were. We were unlucky, however, not to have scored more often, and the margin of victory was rather against the run of the play.

On November 25th we defeated our old rivals, Guy's, for the first time for some years by 4 goals to 3, avenging two defeats of last year, one in the massacre class. Under ideal conditions at Honor Oak Park we were unlucky to have Cartledge crippled in the first ten minutes, but were leading 2—1 at half-time. Guy's equalised soon after the re-start, but we again went ahead to make it 3—2. At this stage of the play the tackling became somewhat more than firm, and Guy's pressing hard equalised ten minutes from time. These last ten minutes found Bart.'s determined to score again, and despite equally determined defending by Guy's we had won the match by the time the whistle went. This match

completed the first half of the London University League, and found us comfortably in second place behind St. Mary's College.

Three more away victories followed against the Old Lyonians, Reading University and Mayfield Athletic Club. This last game, played in inches of mud, found McClusky in his very best form, and once again we avenged a heavy defeat of last season by winning 4 goals to 2. In this match Cartledge, at left-half, scored what is reputed to be the only goal of his career!

At this stage of the season we had to cancel three games at Chislehurst as the ground was snow and ice-bound. The two games we did play in January were both lost. At Norbury, Barclays' Bank defeated us, whilst London won on their own ground on a pitch covered in snow. Unfortunately in both of these games we were fielding far from our best side.

February opened with a scrappy victory over Imperial College in one of the poorest games of the season, only notably (? infamous) for the extraordinary feat of two forwards simultaneously failing to score from a range of about twelve inches into an open goal. On the 10th of February we played the return game against St. Mary's College, at Strawberry Hill, and again lost 3—5. They were the better side and with their daily training and bi-weekly matches were too much for us. We surprised them by scoring twice in the first twenty minutes when Blackman took the only two chances he had, and were still leading 2—1 at half-time after Mary's had pounded our goal for a solid twenty minutes. They quickly equalised and then went ahead after half-time, but Blackburn completed his hat-trick to make it 3 all. With Bart.'s feeling and looking very tired Mary's scored twice more to win a match in which Elliott at left back was outstanding and untireless. There is the distinct possibility that we may again play St. Mary's College in the semi-final stage of the League Cup.

The 2nd XI have been most unlucky in only playing six matches, some with depleted sides. Unfortunately our reserve of players is so small that if anyone is away injured it is almost impossible to raise a complete side, whilst we have been equally unlucky in having several 2nd XI games scratched by our opponents when it would have been possible for us to have raised a team. Of these six matches two have been won both against H.M. Office of Works. Much credit is due to the enthusiastic few always willing to play for the 2nd XI, and it is to be hoped that they will be rewarded with regular games until the season ends. The remedy lies with all footballers keeping Saturday afternoons free of other engagements.

ATHLETICS

Cross Country Match, Clinicals v. Preclinicals, at Hill End, January 24th, 1945.

An extremely good turn-out of 9 Preclinicals and 12 Clinicals was very encouraging considering the several degrees of frost, the icy roads, the snow covering fields and two crossings of a stream in the true water-jump style. The course which had been newly designed ran from the entrance of the hospital by Hill End Station along the "cinder-track" to ???bouger and thence by way of the "Barley Mow" towards varied country on the other side of Watford road, it showed winter running at its most difficult level.

In a keenly finished contest Glanville was first home, and though the Preclinicals had a bunch of four men well up in the list, they were beaten in an 8 men-to-count contest by 4 points.

Scores: Clinicals 67 points, Preclinicals 71 points.

Cross Country—Bart's v. Middlesex Hospital, at Hill End, February 7th, 1945.

This was an extremely good and keenly fought

match, even though both teams were below full strength. It was run over our new house course at Hill End, which since the last match was much changed due to the rains and the snow thaw, which led to soft and muddy stretches. In fact, so much was the stream affected that at the first crossing it was considered safer to have a man with a rope. But the most notable fact of the course was the several markers on horseback.

Sladen of Middlesex Hospital was first man home, winning in 30 mins. 45 secs. from M. E. Glanvill in 31 mins. 10 secs. Glanvill had led most of the way, but was not able to take Sladen (who is captain of United Hospitals H. & H., and Southern Universities) to the post. Following were: 3, Dousie (Middlesex); 4, Burn (B.); 5, Gilchrist (M.); 6, Backhouse (B.); 7, Barry (M.); 8, Morgan (B.); 9, Williams (B.); 10, Dobson (B.); 11, Mortimer (M.); 12, Almond (B.); and Ussher and Warlow unplaced.

Scores (counting 5 men per team): Middlesex Hospital 26 pts., Barts 29 pts.

EXAMINATION RESULTS

CONJOINT BOARD

FINAL EXAMINATION, JANUARY, 1945

PATHOLOGY

Holgate, J. E.	Alment, E. A. J.
Hunt, M. F.	Brooks, D. Hall
Balls, E. A.	Bond, G. E.
Kelly, W. P.	Rimmington, K. E.
Nuttall, D.	Roberts, J. M.
Kunkler, P. B.	Bowen, C. W.
Walsh, R. J.	De Vitre, H. R.
Mann, F. M.	Wince, W. H. D.

MIDWIFERY

Holgate, J. E.	Yeardsley, F. J.
Seed, S.	Robinson, J. O.
Moore, W. T. S.	Davies, N. N.
Church, R. E.	Ellis, E.
Taylor, T.	Williams, R. D.
Robinson, K. W.	Gloster, J.
Denny, W. R.	Clarkson, K. S.
Richter, D.	Davies, G. R.
van Zwanenberg, D. F.	Moore, P. H.
Taylor, P. A.	Dallas Ross, W. P.
Davies, I. N.	Finlayson, R.
Ellis, R. H.	Strangeways, W. M. B.
Walker, P. H.	Debenham, J. A. R.
Rosenberg, H. N.	Kunkler, P. B.
Dingley, A. G.	

MEDICINE

Holgate, J. E.	van Zwanenberg, D. F.
Roberts, J. M.	Scott, M. G.
Bourne, G. L.	Wells, P. W.
Thomson, S. W.	Watson, P.
Richter, D.	Yeardsley, F. J.
Alment, E. A. J.	Glanvill, A. T. H.
Hewett, N. M. O'C.	Thorne, N. A.
Ostlere, G. S.	Hunt, M. F.
Yerbury, G.	

SURGERY

Hewett, N. M. O'C.	Clarkson, K. S.
Sheldon, A. F.	Walsh, R. J.
Nuttall, K. M.	Taylor, P. A.
Robinson, J. O.	Moore, W. T. S.
Davies, N. N.	Glanvill, A. T. H.
McKerrow, C. B.	Mason, S.
Holgate, J. E.	Bhagan, K. A.
Kunkler, P. B.	Todd, C.
Shohet, N. I. A.	Watts, E. M.
Moore, P. H.	Davies, I. N.
Dallas Ross, W. P.	Bourne, G. L.
Milbourne, A. G.	

The following completed the examination for the Diplomas M.R.C.S., L.R.C.P.:—

Balls, E. A.	Yerbury, G.
Hunt, M. F.	Glanvill, A. T. H.
Scott, M. G.	Thorne, N. A.
Watson, P.	Mason, S.
Bhagan, K. A.	Holgate, J. E.
McKerrow, C. B.	Roberts, J. M.
Sheldon, A. F.	Todd, C.

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